



AAA Motor Club Membership Application



PRIMARY MEMBER INFORMATION				Application Date (mm-dd-yyyy):		Club Code:	
Prefix:	First Name:		Middle Initial:		Last Name:		
Daytime Contact:	Area Code:	Phone:		Evening Contact:	Area Code:	Phone:	
E-mail Address:			Marital Status:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm-dd-yyyy):	
Address:				Apartment Number:			
City:				State:		Zip:	
Add Plus RV Coverage (applicable to IL, IN & WI residents only)? <input type="checkbox"/> Y <input type="checkbox"/> N		Add AAA Plus Coverage (applicable to IA & MN residents only)? <input type="checkbox"/> Y <input type="checkbox"/> N		Add AAA Plus RV Coverage (applicable to IA & MN residents only)? <input type="checkbox"/> Y <input type="checkbox"/> N			
Promotion Code (if applicable):			Signature:				

ASSOCIATE MEMBER INFORMATION			Note: A total of 9 Associate Memberships may be added. Please record additional associate memberships on another page.				
First Name:		Middle Initial:		Last Name:			
Relationship to Primary Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm-dd-yyyy):			
Address:			Apartment Number:				
City:			State:		Zip:		

PAYMENT INFORMATION					
Total Membership Cost:			Check: Please Make Payable to The Auto Club Group		
Credit Card:	Type: <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		Number:		Exp. Date:
<input type="checkbox"/> YES! Automatically renew my membership each year using my Credit Card as indicated above. <small>*Should you wish to cancel this authorization, please notify us at least 90 days in advance of your annual renewal date.</small>					

AGENT INFORMATION			Employee ID:		
First Name:		Last Name:			
Work Phone:		Location:			